

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032863

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7898

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

240073W

3

4

5

6

7

8

9

10

11

12 52-0

13

52

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 318
FILED AUG 22 1962

1. PLACE OF DEATH

a. COUNTY - - -

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis, Missouri**

Length of stay in lb
16 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **BARNES HOSPITAL**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY **St. Louis**

c. CITY OR TOWN **Webster Groves**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
521 E. Lockwood

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED **K/A First Betty Elizabeth**

Middle **Agatha**

Last **Ruffing**

4. DATE OF DEATH **August 12, 1962**

5. SEX **F**

6. COLOR OR RACE **W**

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **4-8-10**

9. AGE (last birthday) **52**

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
secretary

10b. KIND OF BUSINESS OR INDUSTRY
Pet Milk Co.

11. BIRTHPLACE (City and state or country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Hugh Quinn

13b. MOTHER'S MAIDEN NAME

Pauline Thierauf

14. NAME OF HUSBAND OR WIFE

Dr. Walter Ruffing

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Dr. Walter Ruffing 521 E. Lockwood

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of right breast with metastasis

INTERVAL BETWEEN ONSET AND DEATH
5 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **April 26, 1962** to **August 12, 1962** and last saw her alive on **August 12, 1962**

Death occurred at **2:30 p.m.**

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

F. R. Bradley, M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

8/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
8-14-62

23c. NAME OF CEMETERY OR CREMATORY
Resurrection

23d. LOCATION (City, town, or county) (State)
St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

25. DATE RECD. BY LOCAL REG.

AUG 13 1962

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Linus C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.